U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Small PHA Plan Update Annual Plan for Fiscal Year Beginning in: 2003

Long Prairie HRA MN088v02

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

PHA Plan Agency Identification

| PHA Name: Long Prairie HRA |
|---|
| PHA Number: MN088 |
| PHA Fiscal Year Beginning: (04/2003) |
| PHA Plan Contact Information: Name: Gertie Peterson Phone: 320-732-2801 Email (if available): longphra@rea-alp.com |
| Public Access to Information Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply) Main administrative office of the PHA PHA development management offices |
| Display Locations For PHA Plans and Supporting Documents |
| The PHA Plans (including attachments) are available for public inspection at: (select all that apply) Main administrative office of the PHA PHA development management offices Main administrative office of the local, county or State government Public library PHA website Other (list below) |
| PHA Plan Supporting Documents are available for inspection at: (select all that apply) Main business office of the PHA PHA development management offices Other (list below) |
| PHA Programs Administered: |
| Public Housing and Section 8 Section 8 Only Public Housing Only |
| |

Annual PHA Plan Fiscal Year 2003

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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| Attachment: Public Housing Drug Elimination Program (PHDEP) Plan | |
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| Attachment F: Membership of Resident Advisory Board or Boards | |
| | |
| Explanation of PHA Response (must be attached if not included in PHA | |
| Plan text) | |
| Attachment G: Voluntary Conversion | |
| ii. Executive Summary | |
| [24 CFR Part 903.7 9 (r)] | |
| At PHA option, provide a brief overview of the information in the Annual Plan | |

Same as last year

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

No changes in policies or program since last years plan, that are not covered in this update

| 2. Capital Impro | vement Needs |
|---|--|
| [24 CFR Part 903.7 9 (g)] | |
| A. 🛛 Yes 🗌 No: Is | s the PHA eligible to participate in the CFP in the fiscal year covered by this HA Plan? |
| B. What is the amount for the upcoming year | nt of the PHA's estimated or actual (if known) Capital Fund Program grant r? \$52,000 |
| | Does the PHA plan to participate in the Capital Fund Program in the s, complete the rest of Component 7. If no, skip to next component. |
| D. Capital Fund Prog | gram Grant Submissions |
| | und Program 5-Year Action Plan |
| The Capital F | und Program 5-Year Action Plan is provided as Attachment C |
| | |
| | only PHAs are not required to complete this section. |
| 1. ☐ Yes ⊠ No: | Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.) |
| | |
| | |

2. Activity Description

| Demolition/Disposition Activity Description | | |
|---|----|--|
| (Not including Activities Associated with HOPE VI or Conversion Activities) | | |
| 1a. Development name: | | |
| 1b. Development (project) number: | | |
| 2. Activity type: Demolition | | |
| Disposition | | |
| 3. Application status (select one) | | |
| Approved | | |
| Submitted, pending approval | | |
| Planned application | | |
| 4. Date application approved, submitted, or planned for submission: (DD/MM/YY) | | |
| 5. Number of units affected: | | |
| 6. Coverage of action (select one) | | |
| Part of the development | | |
| Total development | | |
| 7. Relocation resources (select all that apply) | | |
| Section 8 for units | | |
| Public housing for units | | |
| Preference for admission to other public housing or section 8 | | |
| Other housing for units (describe below) 8. Timeline for activity: | | |
| a. Actual or projected start date of activity: | | |
| b. Actual or projected start date of relocation activities: | | |
| c. Projected end date of activity: | | |
| e. Trojected one date of detivity. | | |
| 4. Voucher Homeownership Program | | |
| [24 CFR Part 903.7 9 (k)] | | |
| | | |
| A. Tes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 2 CFR part 982? (If "No", skip to next component; if "yes", describe exprogram using the table below (copy and complete questions for each program identified.) | 24 | |
| B. Capacity of the PHA to Administer a Section 8 Homeownership Program | | |
| The PHA has demonstrated its capacity to administer the program by (select all that apply): Establishing a minimum homeowner downpayment requirement of at least 3 perce and requiring that at least 1 percent of the downpayment comes from the family's resources Requiring that financing for purchase of a home under its section 8 homeownershi will be provided, insured or guaranteed by the state or Federal government; comp | ip | |
| | | |

| ☐ De | th secondary mortgage market underwriting requirements; or comply with generally cepted private sector underwriting standards monstrating that it has or will acquire other relevant experience (list PHA perience, or any other organization to be involved and its experience, below): |
|------------------------------------|---|
| [24 CFR Part 90 Exemptions Sect | ad Crime Prevention: PHDEP Plan 3.7 (m)] ion 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a eting specified requirements prior to receipt of PHDEP funds. |
| A. Yes this PHA | No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by Plan? |
| | e amount of the PHA's estimated or actual (if known) PHDEP grant for the r? \$ |
| | No Does the PHA plan to participate in the PHDEP in the upcoming year? If uestion D. If no, skip to next component. |
| D. Yes [| No: The PHDEP Plan is attached at Attachment |
| 6. Other I [24 CFR Part 90 | |
| | 3.7 9 (r)] |
| A. Resident | Advisory Board (RAB) Recommendations and PHA Response |
| | |
| 1. ☐ Yes ⊠ | Advisory Board (RAB) Recommendations and PHA Response No: Did the PHA receive any comments on the PHA Plan from the Resident |
| 1. Yes X | Advisory Board (RAB) Recommendations and PHA Response No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? |
| 1. Yes X | Advisory Board (RAB) Recommendations and PHA Response No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s? comments are Attached at Attachment (File name) unner did the PHA address those comments? (select all that apply) The PHA changed portions of the PHA Plan in response to comments A list of these changes is included |

| B. Statement of Consistency with the Consolidated Pl |
|--|
|--|

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

- 1. Consolidated Plan jurisdiction: (**State of Minnesota**)
- 2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

 The PHA has participated in any consultation process organized and offered by
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

Continue the MURL Program and administrating a 17 unit affordable housing project

| U Other: (list below | 7) |
|----------------------|----|
|----------------------|----|

- 3. PHA Requests for support from the Consolidated Plan Agency
- Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? This year the HRA will be receiving funding for the MURL Program
- 4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

Providing and maintain affordable housing in Long Prairie

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: A substantial deviation from the 5 – year plan would be if the Board of Commissioners would have substantial changes to there mission statement, goals or objectives, which would then be subject to full public hearing and HUD review.

B. Significant Amendment or Modification to the Annual Plan:

A significant amendment or modification to the Annual Plan would be if the HRA would amend or modify any policies or procedures that would need Board approval. A significant amendment or modification to the Annual Plan would also require the same coordination, certification and public comment requirements as the PHA Plan

Attachment A Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

| List of Supporting Documents Available for Review | | |
|---|---|-------------------------------------|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |
| X | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update) | 5 Year and Annual Plans |
| X | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual Plans |
| X | Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs |
| X | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources |

| List of Supporting Documents Available for Review | | |
|---|--|---|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |
| | Public housing rent determination policies, including the method for setting public housing flat rents Check here if included in the public housing | Annual Plan: Rent Determination |
| X | A & O Policy | |
| X | Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| | Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| X | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) | Annual Plan: Operations and Maintenance |
| X | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations |

| List of Supporting Documents Available for Review | | |
|---|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| X | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency |
| | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| | Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance |
| X | Public housing grievance procedures check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| | Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures |
| X | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year | Annual Plan: Capital Needs |
| X | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants Approved HOPE VI applications or, if more recent, approved or | Annual Plan: Capital Needs Annual Plan: Capital |
| | submitted HOPE VI applications of, it more recent, approved of submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing | Needs Capital |
| X | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA). | Annual Plan: Capital Needs |
| A | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition |

| List of Supporting Documents Available for Review | | |
|---|--|---|
| Applicable & On Display | Supporting Document | Related Plan Component |
| | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing |
| | Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937 | Annual Plan: Conversion of Public Housing |
| | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership |
| | Policies governing any Section 8 Homeownership program (sectionof the Section 8 Administrative Plan) | Annual Plan: Homeownership |
| | Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies | Annual Plan: Community Service & Self-Sufficiency |
| | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency |
| X | Section 3 documentation required by 24 CFR Part 135, Subpart E | Annual Plan: Community Service & Self-Sufficiency |
| | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention |

| List of Supporting Documents Available for Review | | |
|---|---|--|
| Applicable & On Display | Supporting Document | Related Plan Component |
| | PHDEP-related documentation: Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety and Crime Prevention |
| X | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) Check here if included in the public housing A & O Policy | Pet Policy |
| X | The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings | Annual Plan: Annual Audit |
| | Troubled PHAs: MOA/Recovery Plan Other supporting documents (optional) (list individually; use as many lines as necessary) | Troubled PHAs (specify as needed) |

| Ann | Annual Statement/Performance and Evaluation Report Attachment B | | | | | |
|------------------|--|--|---------------------------------|-----------------------------|----------------------|--|
| Capi | tal Fund Program and Capital Fund P | rogram Replaceme | ent Housing Factor (| (CFP/CFPRHF) Par | t 1: Summary | |
| PHA N | ame: | Grant Type and Number | | | Federal FY of Grant: | |
| Long Prairie HRA | | Capital Fund Program: Capital Fund Program Replacement Housing | MN46PO8850103 Factor Grant No: | | 2003 | |
| | ginal Annual Statement | | | evised Annual Statement (re | vision no: I) | |
| Per | formance and Evaluation Report for Period Ending: | | and Evaluation Report | | | |
| Line | Summary by Development Account | Total Est | imated Cost | Total Ac | tual Cost | |
| No. | | | | | T | |
| | | Original | Revised | Obligated | Expended | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations | 3,500 | | | | |
| 3 | 1408 Management Improvements | | | | | |
| 4 | 1410 Administration | 2,500 | | | | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | | | | | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | | | | | |
| 10 | 1460 Dwelling Structures | | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 46,000 | | | | |
| 12 | 1470 Nondwelling Structures | | | | | |
| 13 | 1475 Nondwelling Equipment | | | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1490 Replacement Reserve | | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | | |
| 17 | 1495.1 Relocation Costs | | | | | |
| 18 | 1498 Mod Used for Development | | | | | |
| 19 | 1502 Contingency | | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | 52,000 | | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | | |
| 22 | Amount of line 20 Related to Section 504 Compliance | | | | | |

| Ann | ual Statement/Performance and Evalua | ation Report | Attachment B | | | |
|--|--|---|--------------|----------|----------------------|--|
| Capi | tal Fund Program and Capital Fund P | rogram Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | |
| PHA N | ame: | Grant Type and Number | | | Federal FY of Grant: | |
| Long Prairie HRA | | Capital Fund Program: MN46PO8850103 Capital Fund Program Replacement Housing Factor Grant No: | | | 2003 | |
| ⊠Ori | ginal Annual Statement | Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: I) | | | | |
| Performance and Evaluation Report for Period Ending: | | Final Performance and Evaluation Report | | | | |
| Line | Summary by Development Account | Total Estimated Cost Total Ac | | Total Ac | tual Cost | |
| No. | | | | | | |
| 23 | Amount of line 20 Related to Security | | | | | |
| 24 | Amount of line 20 Related to Energy Conservation | 15,000 | | | | |
| | Measures | | | | | |

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

| PHA Name: | | Grant Type and Number | | | | Federal FY of Grant | | |
|----------------------------|--|--|----------|------------|------------|---------------------|-------------------|-----------------------|
| Long Prairie HRA | | Capital Fund Program #: MN46P08850103 Capital Fund Program Replacement Housing Factor #: | | | | 2003 | | |
| Development Number | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Esti | mated Cost | Total Ac | tual Cost | Status of Proposed |
| Name/HA-Wide Activities | | | | Original | Revised | Funds Obligated | Funds Expended | Work |
| Mn088-001 | operations | 1406 | lumpsum | 3,500 | | | | |
| Mn088-001 | administration | 1410 | lumpsum | 2,500 | | | | |
| Mn088-001 | Update heatiing unit in community area | 1460 | 1 | 15,000 | | | | |
| Mn088-001 | Replace roof | 1460 | 1 | 31,000 | | | | |
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| Annual Statemen | Annual Statement/Performance and Evaluation Report | | | | | | |
|--|---|---------|----------------------------------|----------------------------------|----------|--------|---------------------|
| Capital Fund Pro | Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) | | | | | | |
| Part III: Implem | entation Se | chedule | | _ | | | |
| PHA Name: | | Grant | Type and Nu | | | | Federal FY of Grant |
| Long Prairie HRA | | | al Fund Progra al Fund Progra | | 08850103 | | 2003 |
| Development Number Name/HA-Wide Activities | | | | Reasons for Revised Target Dates | | | |
| | Original | Revised | Actual | Original | Revised | Actual | |
| Mno88-001 | 12/31/2004 | | | 6/30/2006 | | | |
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Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

| Original statem | ent Revised statement | Attachment C | |
|-------------------------------------|---|-----------------------|--|
| Development | Development Name | | |
| Number | (or indicate PHA wide) | | |
| Mno88-001 | Long Prairie HRA | | |
| Description of Need Improvements | led Physical Improvements or Management | Estimated Cost | Planned Start Date (HA Fiscal Year) |
| Replace roof | | 72,000 | 4/2005 |
| Construct commun | ity patio area | 26,000 | 4/2005 |
| Construct tenant ga | nrages | 80,000 | 4/2007 |
| Heating system upd | ate | 50,000 | 4/2008 |
| Total estimated cos | t over next 5 years | 228,000 | |

| Ann | Annual Statement/Performance and Evaluation Report Attachment D | | | | | | |
|--------|--|--|-------------------------------------|------------------------------|----------------------|--|--|
| Capi | Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary | | | | | | |
| PHA N | ame: | Grant Type and Number | | | Federal FY of Grant: | | |
| Long P | rairie HRA | Capital Fund Program: Capital Fund Program Replacement Housing | MN46PO8850102 g Factor Grant No: | | 2002 | | |
| | ginal Annual Statement | | | Revised Annual Statement (re | evision no: I) | | |
| | formance and Evaluation Report for Period Ending:9/ | | ormance and Evaluation Re | | | | |
| Line | Summary by Development Account | Total Es | timated Cost | Total Ac | etual Cost | | |
| No. | | | | | T = - | | |
| 4 | The state of the s | Original | Revised | Obligated | Expended | | |
| 1 | Total non-CFP Funds | 2.505 | 2.505 | 2.505 | | | |
| 2 | 1406 Operations | 3,507 | 3,507 | 3,507 | 0 | | |
| 3 | 1408 Management Improvements | 2.500 | 2.500 | | | | |
| 4 | 1410 Administration | 2,500 | 2,500 | 0 | 0 | | |
| 5 | 1411 Audit | | | | | | |
| 6 | 1415 liquidated Damages | | | | | | |
| 7 | 1430 Fees and Costs | | | | | | |
| 8 | 1440 Site Acquisition | | | | | | |
| 9 | 1450 Site Improvement | | | | | | |
| 10 | 1460 Dwelling Structures | 27,500 | 24,375 | 5,993 | 0 | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | 16,000 | 19,125 | 10,000 | 0 | | |
| 12 | 1470 Nondwelling Structures | | | | | | |
| 13 | 1475 Nondwelling Equipment | | | | | | |
| 14 | 1485 Demolition | | | | | | |
| 15 | 1490 Replacement Reserve | | | | | | |
| 16 | 1492 Moving to Work Demonstration | | | | | | |
| 17 | 1495.1 Relocation Costs | | | | | | |
| 18 | 1498 Mod Used for Development | | | | | | |
| 19 | 1502 Contingency | | | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2-19) | 49,507 | 49,507 | 19,500 | 0 | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | | | |
| 22 | Amount of line 20 Related to Section 504 Compliance | | | | | | |

| Annual Statement/Performance and Evaluation Report | | | | Attachment D | | |
|---|---|---|---------------------------|--------------|----------------------|--|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: | | | | | | |
| PHA N | ame: | Grant Type and Number | | | Federal FY of Grant: | |
| Long Prairie HRA | | Capital Fund Program: MN46PO8850102 Capital Fund Program Replacement Housing Factor Grant No: | | | 2002 | |
| Ori | ginal Annual Statement | Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: I) | | | | |
| ⊠Per | formance and Evaluation Report for Period Ending:9/ | 30/02 Final Perfor | mance and Evaluation Repo | ort | | |
| Line | Summary by Development Account | Total Estimated Cost Total A | | Total Ac | tual Cost | |
| No. | | | | | | |
| 23 | Amount of line 20 Related to Security | 2,000 | | | | |
| 24 | Amount of line 20 Related to Energy Conservation | | | | | |
| | Measures | | | | | |

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

| PHA Name: | | Grant Type and Number | | | | Federal FY of Grant | | |
|----------------------------|---|---|----------|------------|------------|---------------------|-------------------|-----------------------|
| Long Prairie HRA | | Capital Fund Progr Capital Fund Progr Replacement 1 | | 2002 | | | | |
| Development Number | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Esti | mated Cost | Total Ac | ctual Cost | Status of Proposed |
| Name/HA-Wide Activities | | | | Original | Revised | Funds Obligated | Funds Expended | Work |
| Mn088-001 | operations | 1406 | lumpsum | 3,507 | 3,507 | 3,507 | 0 | |
| Mn088-001 | administration | 1410 | lumpsum | 2,500 | 2,500 | 0 | 0 | |
| Mn088-001 | A/C hallways 3 floors | 1460 | 3 | 17,500 | 21,000 | 5,993 | 0 | |
| Mn088-001 | Install new handrailing, lighting, paint stairwells on three floors | 1460 | 3 | 10,000 | 3,515 | | 0 | |
| Mn088-001 | Replace unit refrigerators | 1465.1 | 40 | 16,000 | 19,125 | 10,000 | 0 | |
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| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) | | | | | |
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Required Attachment E : Resident Member on the PHA Governing Board

| 1. 🗌 🗅 | Yes No: | Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2) |
|--------|------------------|--|
| | w was the reside | nember(s) on the governing board: ent board member selected: (select one)? ted printed |
| C. The | term of appoir | tment is (include the date term expires): |
| | assisted by the | PHA, why not? the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board. Other (explain): |

- B. Date of next term expiration of a governing board member: June 6, 2003
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Don Rasmussen City of Long Prairie Mayor

Required Attachment F: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Our resident's board member moved out of the building but is still on the board her name is Dorothy Robertson

Corinne Roufs Violet Kramer Dorothy Robertson

Required Attachment G: Voluntary Conversion Required Initial Assessments.

- **a.** How many of the PHA's developments are subject to the Required Initial assessments? **one**
- **b.** How many of the PHA's developments are not subject to the Required Initial assessments based on exemptions. **none**
- **c.** How many assessments were conducted for the PHA's covered developments? **one**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name Number of Units N/A

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: